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CASE file: API-1038-14-US**BEST AVAILABLE COPY**

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PTO/SB/21 (08-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/768,235
	Filing Date	09/03/99
	First Named Inventor	Diane Gajewczyk
	Art Unit	1651
	Examiner Name	
Total Number of Pages In This Submission	Attorney Docket Number	API- 1038-14 1038-14-US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement under 37 CFR 3.73 (b).
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Robert Yoshida		
Signature			
Printed name	Robert Yoshida		
Date	Reg. No.	54, 941	

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Wendy Edwards</i>		
Typed or printed name	<i>Wendy Edwards</i>	Date	<i>02/01/05</i>

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PTO/SB/81 (11-04)

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INDICATION FORM**

Application Number	09/786,235
Filing Date	09/03/99
First Named Inventor	Diane Gajewczyk
Title	Treatment of Cervical cancer
Art Unit	1651
Examiner Name	
Attorney Docket Number	API-1038-14-US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Robert Yoshida	54,941
Thomas Bordner	47,436
Patrick J. Halloran	41,053
G. Kenneth Smith	43,135

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Sanofi Pasteur Inc		
Address	Intellectual Property - Knerr Building One Discovery Drive		
City	SWITZERLAND	State	PA
Country		Zip	18370
Telephone	570-839-5537	Fax	570-895-2702

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Robert Yoshida</i>	Date	31 January 2005
Name	Robert Yoshida	Telephone	570-839-5537
Title and Company	Patent Counsel - Sanofi Pasteur Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/82 (09-04)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/788,235
Filing Date	09/03/99
First Named Inventor	Diana Gajewczyk
Art Unit	
Examiner Name	
Attorney Docket Number	API-1038-03-US

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

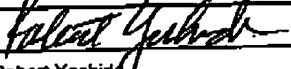
☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Aventis Pasteur Sanofi Pasteur Inc.				
Address	1 Discovery Drive Bldg. 1- Knerr Bldg.				
City	Swiftwater	State	PA	Zip	18370
Country	United States				
Telephone	670-895-2528		Fax	670-895-2702	

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature					
Name	Robert Yoshida				
Date	31 January 2005		Telephone	570-839-5537	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/88 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Aventis Pasteur LimitedApplication No./Patent No.: 09/673,133 Filed/Issue Date: 08/11/2002Entitled: Treatment of Cervical cancerAventis Pasteur Limited, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

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- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 010501, Frame 0132:136, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.
[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Robert Yoshida
Signature31 January 2005
DateRobert Yoshida

Printed or Typed Name

570-895-5537

Telephone Number

Agent
Pasteur Inc.
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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